

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000871

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 82

Primary Registration District No. 4147

Registrar's No. 25

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0270

2 0270

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9 420.1

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12 290-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED FEB 11 1963

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bunceton</u>		Length of stay in lb <u>17 yr</u>	c. CITY OR TOWN <u>Bunceton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u>		d. STREET ADDRESS	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>William Carl Brandes</u>		4. DATE OF DEATH Month <u>February</u> Day <u>5</u> Year <u>1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/26/1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm owner</u>	9. AGE (last birthday) <u>67</u>
11a. FATHER'S NAME <u>C. J. Brandes</u>		11b. MOTHER'S MAIDEN NAME <u>Orville Lee Long</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		14. NAME OF HUSBAND OR WIFE <u>Nora Tolter Brandes</u>	
15. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u> Coronary Thrombosis Arteriosclerosis		16. SOCIAL SECURITY NO. <u>01</u>	
17. INFORMANT <u>Mrs. Nora Brandes</u>		18. ADDRESS <u>Bunceton, Mo.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>6:30</u> a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Bunceton</u>	
20f. CITY, TOWN, OR LOCATION <u>Bunceton</u>		20g. COUNTY <u>Cooper</u>	
20h. STATE <u>Mo.</u>		21. I attended the deceased from <u>1-24-58</u> to <u>12-19-62</u> and last saw <u>her</u> alive on <u>12-19-62</u> Death occurred at <u>6:30</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Richard W. Callison D.O.</u>		22b. ADDRESS <u>Bunceton, Mo.</u>	
22c. DATE SIGNED <u>2-6-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>2/7/63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bunceton Masonic Cem.</u>	
23d. LOCATION (City, town, or county) <u>Bunceton, Missouri</u>		24. FUNERAL DIRECTOR <u>Goodman & Boller</u>	
24a. ADDRESS <u>Boonville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2/6/63</u>	
26. REGISTRAR'S SIGNATURE <u>St. Cooper</u>		27. DATE <u>2-6-63</u>	

FEB 14 1963
FEB 21 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.